

UPDATE

OF THE TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Volume 6 • Number 6

November/December 2000



From the NAMI Tennessee 17th Annual Convention, September 22-23, 2000 in Clarksville: Front row from left—NAMI Executive Director Joyce Judge, DMHDD Commissioner Elisabeth Rukeyser and Director of Operations for TennCare Partners Paul Miller. Back row: TennCare Director Mark Reynolds and NAMI Tennessee President Gene Pool. Reynolds, Miller and Rukeyser presented on Moving TennCare Partners to the Front and Center.

DMHDD Broadcasts MH Matters

Mental Health Matters, a weekly public affairs radio show promoting greater awareness about mental illness, mental health programs and services and the latest treatment initiatives, debuted in November.

The 10-minute segments feature a different mental health topic each week. They include



ADHD, youth violence, SED children, depression, bipolar disorders, suicide prevention, dual diagnosis, schizophrenia, anxiety, holiday stress and depression as well as other topics in the mental health field such as the revised MHDD laws.

The show features professionals in the mental health field and guest speakers. Mental Health Matters is produced by the DMHDD and aired on stations in the Tennessee Radio Network.

The Tennessee Healthcare Network, Glaxo Wellcome Inc., Eli Lilly Company and Pfizer Inc. provide promotional support. For more information on Mental Health Matters, contact the DMHDD Office of Public Information and Education at (615) 532-6610.

Listing of Housing Resources for Persons with Mental Illness Goes Online

The Internet rollout on housing resources for persons with mental illness is expected soon after the new year begins.

This website, a collaborative effort of the Department of Housing and Urban Development, Vanderbilt University and the DMHDD, has been in the making since the fall of 1999 when a group of Vanderbilt students took on the website development as a class project.

The site provides residents of Tennessee with a way to find licensed housing options for family members with mental illness.

To conduct a facility search, the user must:

- Enter the gender of the person living in the house.
- The type of illness the consumer has—mental retardation/mental illness, substance abuse/mental illness, substance abuse or SPMI (severe and persistent mental illness).
- The location of the state desired (east, west or middle Tennessee).
- The area desired—such as urban, rural or inter city living.
- The type of facility sought (independent, co-independent, semi-dependent or supportive).

The computer will then search to meet all five categories and bring up a list of housing options or indicate that none are available to meet that criteria.

The housing resources will be located at www.state.tn.us/mental

Nashville Connection Accepts First Children

Effective October 2000, initial referrals were accepted by the *Nashville Connection*, a Davidson county system of care that targets services to children with serious emotional disturbance and their families.

Children who are accepted must be between the ages of 8 and 13, have a serious emotional disturbance; and initially live in zip codes 37206, 07, 13, 16 or 18. Eligible children must be at imminent risk of state custody, hospital or residential placement and require the services of multiple agencies.

The *Nashville Connection* has four major components:

- Family support and advocacy developed and administered by Tennessee Voices for Children.

- School based mental health support developed and administered by Centerstone Community Mental Health Center.
- Local and national evaluation conducted by VIPPS Center for Mental Health Policy.
- State level infrastructure development under the leadership of DMHDD.

The *Nashville Connection* is a project begun with a five-year grant from the Center for Mental Health Services (SAMSHA) in 1999.

It is projected that 200 children will be served during fiscal year 2001. By fiscal 2004, it is expected that up to 400 children and

(Continued on Page 7)

Update

of the Tennessee Department of Mental
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State of Tennessee
Don Sundquist, Governor



Elisabeth Rukeyser,
Commissioner
Ben Dishman, Deputy Commissioner
Melanie Hampton, Asst. Commissioner
Mental Health Services
Barbara Brent, Deputy Commissioner
Mental Retardation Services
Mack Rhea, Director, Division of
Administrative Services

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(615) 532-6610 - FAX (615) 741-4557
Martha Robinson, Director
Patricia Fortner, Editor
Carol Smith, Associate Editor
Linny Parker, Circulation

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Contact the department's EEO/AA Coordinator
at (615) 532-6580, the Title VI Coordinator at
(615) 532-6700 or the ADA Coordinator at
(615) 532-6700 for inquiries, complaints or
further information. Persons with hearing
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Tennessee Department of Mental Health and
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Number 339285, 10,000 copies, September
2000. This public document was promulgated at
a cost of \$.22 per copy.

Around the State

Centerstone Awarded Funding to Establish Telecommunications

Centerstone Community Mental Health
Centers will use more than \$150,000 in state
and federal funds to provide six Middle
Tennessee sites with telecommunications
equipment. The equipment will enable
patients to meet with psychologists and other
health professionals in Nashville - without
leaving their communities.

Sources report the funding will create a
distance learning network in four rural
communities and at two Nashville sites. All
are served by Centerstone.

When activated, centers in Dover, Waverly,
Ashland City and Centerville will provide on
site intake assessment for new clients, clinical
assessment for medication, psychological
assessment and staff training.

The U.S. Department of Agriculture
provided federal funds. State funds were
provided by the DOH.

A&D Clearinghouse Moves

The Statewide Clearinghouse for the
distribution of materials on alcohol and other
drugs recently moved to the Nashville Metro
Center. The address is One Vantage Way;
Suite B-240; Nashville, TN 37228.

The statewide Redline number is (800) 889-
9789. In Nashville, call (615) 780-5901. Log
on at <http://www.tncclearinghouse.com>.

DD Providers Get Cancer Follow-up Information

Barbara Brent, deputy commissioner of the
Division of Mental Retardation Services, has
issued a bulletin which highlights general
information on Oncology follow-up guidelines.

Brent said a recommendation by a Regional
Death Review Committee suggests a need to
review information on suggested "preventative
health guidelines in regard to all cancers. But
breast cancer follow-up was specifically
mentioned.

"Special health considerations exist in many
persons with developmental disabilities," Brent
continued. "And, in addition, to periodic
screenings, these special considerations in
persons with developmental disabilities should
be evaluated during their exam each year.

"If a person with a developmental disability
has other developmental diagnoses, the
associated features of that problem may cause
the person to be at risk for other health
problems - including cancer," she said.

The guidelines were issued by the American
Cancer Society.

Miller Named Partners Operations Director

Paul Miller, insurance professional and the
former executive director for Mental
Retardation for the State of Pennsylvania for
Elwyn Inc., has been named operations
director for TennCare Partners.

Miller is also a former vice president of
development for Health Services Group of
Philadelphia and worked for Cigna Insurance
Company and Equitable Life Assurance
Society of the U.S.

TennCare Partners is Tennessee's program
that provides mental health services through
TennCare, the state's managed care medical
program.

Miller holds a Bachelor of Science degree
from Northeastern University in Boston, MA.

Tennessee Teen Pregnancy Rate at All Time Low

Tennessee's teen pregnancy rate dropped 8.8
percent last year to an all-time low.

Governor Don Sundquist announced the
decrease in September at the second annual
Governor's Conference on Healthy Choices.
"What we're doing as a state is paying off, and
it's paying off in very wonderful ways."

The numbers declined to 17.5 per 1,000
girls aged 10-17 in 1999 - down from 19.2 in
1998 — the lowest since the DOH began
collecting data in 1975. Among blacks, the
rate dropped almost 12 percent from 37.7 in
1998 to 33.2 in 1999. The white rate was 13.4
in 1999, down from 14.4.

The Governor's Community Prevention
Initiative for Children was established in May
of 1996 to decrease youth violence, decrease
alcohol and drug use among youth, decrease
the school dropout rate and decrease teen
pregnancy rates through comprehensive
community-based strategies.

Federal funding to reduce teen pregnancy
and sexually transmitted disease rates became
available in 1998. This was used to develop
abstinence education programs to encourage
young people to wait until marriage before
having sex. Eighteen community-based groups
that work with children between 10 and 17
received funding from the Department of
Health (DOH).

The effort was also reinforced with a
television and radio campaign asking parents
of children, age 9 to 14, to talk with them
about delaying sexual activity.

Parents were invited to call 1 (800) 521-
8336 for educational materials to help them
discuss these issues with their children.

STARS, a program of the Center for Youth
Issues, Inc., cosponsored the conference with
the DOH.

Co-Occurring MH/Substance Related Disorders Subject of Conference

"Twelve million people in the United States have co-occurring disorders," said H. Wesley Clark, M.D., J.D., director of the SAMSHA Center for Substance Abuse Treatment.

Keynote speaker Clark made this statement in the Opening Session of the 7th Annual Southeastern Conference on Co-Occurring Mental Health and Substance Related Disorders in Nashville on October 5-7, 2000. DMHDD Commissioner Elisabeth Rukeyser and Health Commissioner Fredia S. Wadley gave opening remarks along with Conference Chairpersons Michael Cartwright of Foundations and Arthur Cox Sr., D.S.W., of The Florida Center.

Tim Hamilton of the Dual Diagnosis Recovery network in Nashville said the 1990 estimate of potential impact of dual disorders is an estimated \$314 billion. Broken down, this means \$108 billion in loss of productivity due to injury or illness; \$81 billion for healthcare costs that include medical consequences and treatment and \$68 billion in criminal justice cost and property damage.

The primary focus of the conference was to update the nearly 350 attendees about issues ranging from assessing for dual disorders in acute care settings to integrated treatment in a therapeutic community.

The conference—with 21 workshops—was targeted at psychiatrists, psychologists, nurses, social workers, mental health professionals, alcohol and drug counselors, advocates, consumers, clergy and family members. Foundations Associates in Nashville and the Mid-Florida Center hosted the event.



From left—Health Commissioner Fredia S. Wadley, M.D. and DMHDD Commissioner Elisabeth Rukeyser talk with H. Wesley Clark, M.D., J.D., director of SAMSHA Center for Substance Abuse Treatment and Michael Cartwright, director of Foundations Associates.



The Hampton-Perry Humanitarian Awards went to Glynn Windham and Dr. Arthur Cox Sr. Pictured from left are Melanie Hampton, DMHDD assistant commissioner for MH Services; Windham; Cox; and Stephanie Perry, M.D., assistant commissioner of the DOH Bureau of Alcohol and Drug Abuse Services. Two awards are presented annually—one to recognize the efforts of an individual who has demonstrated a commitment to dual recovery by volunteering their personal time and effort to improve support. The second, to a professional agency or organization committed to dual recovery.

ETAs Available to Federal Payment Recipients

The U.S. Treasury Department has joined with community-based organizations to provide a new electronic payment tool - the Electronic Transfer Account (ETA).

Available through an expanding list of financial institutions, the ETA is designed to provide federal payment recipients — who receive a federal benefit, wage, salary or retirement payments — an opportunity to open an account regardless of past credit history.

The account costs \$3 per month or less and allows at least four free cash withdrawals and four balance inquiries per month from a teller, ATM or both.

The ETA is available to recipients of Social Security, Supplemental Security Income, Veterans Benefits, federal employee salary and retirement and Military and Railroad Retirement payments. For names and locations of financial institutions offering the ETA, call toll free (888) 382-3311 or visit the ETA web at www.eta.find.gov.

Toys "R" Us Has Toy Guide for Differently-Abled Kids

Toys "R" Us has partnered with the National Parent Network on Disabilities, Lekotek and The Children's Miracle Network to offer a guide to toys for differently-abled kids. The guide is filled with toys specifically chosen for their developmental and educational attributes, along with play value.

Each is assigned specific symbols identifying its potential benefit, making it convenient to choose the right toy for any differently-abled child.

The toys stress such skill areas as auditory, language, visual, tactile, gross motor, fine motor, social skills, self-esteem, creativity and thinking.

For additional information, contact the National Parent Network on Disabilities at 1200 G Street, NW, Suite 800, Washington, DC 20005— (202) 434-8686 - Fax (202) 638-0509. Website: www.npnd.org. TDD/TTY 1 (888) 859-8011. For a copy of the toy guide, call 1 (800) 732-3298.

UT Wins Grant to Study Mutant Mice

Researchers at the University of Tennessee at Memphis were recently awarded \$12.7 million to study genetically mutant mice.

Professor of anatomy and principal investigator Dan Goldowitz said scientists can introduce mutations into mice and conduct studies not possible on humans.

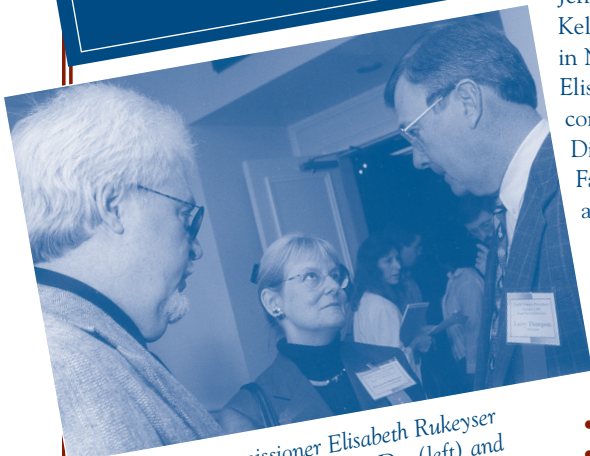
The National Institute of Mental Health, which is financing the study, is interested in mice that can be used for neurological studies. The UT Health Science Center work is directed by a group of scientists called the Tennessee Mouse Genome Consortium.

It includes researchers at the University of Tennessee in Memphis and Knoxville and scientists with St. Jude Children's Research Hospital, the University of Memphis, Meharry Medical College, Vanderbilt University, Oak Ridge National Laboratory and East Tennessee State University.

The mice will be available to scientists worldwide.

Goals

To more accurately identify and assess the risk factors associated with youth violence, utilize positive youth developmental prevention and intervention strategies for youth at risk of violent behaviors and to implement effective model programs in the home, school and community.



DMHDD Commissioner Elisabeth Rukeyser talks with Matthew Timm, Ph.D., (left) and Larry Thompson Ph.D., who presented in the Research and Evaluation Track with *Remediation and Prevention of Aggression in Young Children: the Regional Intervention Program 30 Year Follow-up Study*.

Youth Violence Conference Features Variety of Prevention Strategies

Around 400 youth and adults participated in the Youth Violence Prevention Conference "Tools for Today and Tomorrow" at the Regal Maxwell House Hotel in Nashville on November 2.

Greetings and remarks were given by Jennifer Hatten of the Governor's Office, Kelvin D. Jones III, of Mayor Purcell's Office in Nashville and DMHDD Commissioner Elisabeth Rukeyser. The conference featured concurrent sessions on five tracks—School, Disproportionate Minority Confinement, Faith, Community Initiatives and Research and Evaluation.

Sheila Peters, Ph.D., led off the plenary session with a presentation on "Predictors of Violence." She outlined the following:

- Family incarceration.
 - Poor family bonding and family conflict.
 - Low levels of parental involvement.
 - Academic failure.
 - Low bonding to school.
 - Delinquent peers.
 - Community disorganization.
 - Exposure to violence and racial prejudice.
- Luncheon plenary speaker was A.J. Stovall,

Ph.D., chair of the Division of Social Sciences at Russ College in Holly Springs, Mississippi.

He said we must take the profit out of violence. It is currently a major topic of films, TV shows, video games, and the news. Through these media, he said today's youth witness as many as 40,000 murders and over 300,000 other acts of violence by the time they reach adulthood.

The evening session targeting youth featured Leonard Burton, director of Foster Care for the Department of Children's Services, who spoke from practical experience about when youth find themselves deviating and getting into trouble. Sometimes, he said, people—people who care about you—have to make hard decisions to get your attention.

The youth activities also included Kids on the Block performing a skit about conflict resolution teaching that you need to think before you react. The Seventh Day Soldiers (of Riverside Chapel) presented a great rendition of Christian and positive rap music for the group.

The conference was sponsored by several state departments, community agencies and Janssen Pharmaceutica.

Happenings

- Dr. Jack C. Morgan recently joined the staff of Riverside MSO in Dyersburg. Morgan plans to open Medical Psychiatric Associates P.C., a clinic providing inpatient and outpatient psychiatric evaluation and treatment.
- Cheryl T. Johnson has been named community relations coordinator for Methodist Healthcare Behavioral Health in Memphis.
- The Appalachian Life Quality Initiative in Oneida was recently awarded more than \$200,000 to establish the Children's Advocacy Center of the Cumberland Mountains. The program will provide support and services to children who have been sexually, physically or mentally abused.
- Kelly Lang-Ramirez, director of research and policy development for TAMHO, has been named the organization's assistant executive director. Lang-

Ramirez completed her undergraduate work at the University of Toledo and holds a master's degree in public administration from Syracuse University.



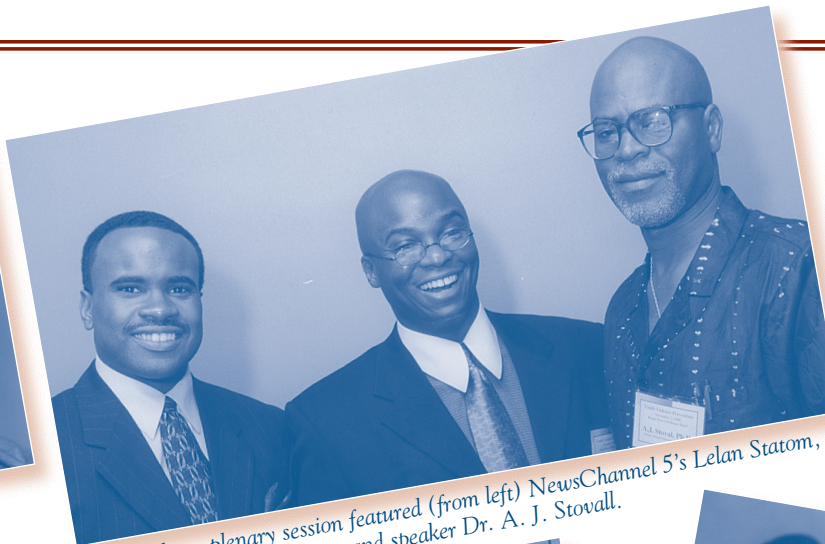
- The organization of a chapter of the National Alliance for the Mentally Ill/Tennessee was announced in Fentress County at Jamestown in September. Ella D. Miller is the chapter director.
- John P. Hendrick, M.D., a Cleveland psychiatrist in private practice was recently named a Fellow of the American Psychiatric Association. Hendrick is also professor at East Tennessee State University Family Medicine Unit in Chattanooga.
- Combined Health Appeals of Tennessee has merged with National Voluntary

Health Agencies to form Community Health Charities of Tennessee. Ward DeWitt III, president of Community Health, said the merger creates a more efficient national federation, eliminates duplication of efforts and reduces campaign costs.

- The Family Support Program of Chattanooga's TEAM Evaluation Center recently honored Kaye Foust, a medical technologist at Bradley Memorial Hospital. Foust was recognized for volunteer services to both TEAM and its Family Support Program.
- Contributions by the Fort Campbell Officers' Wives Club and a DMHDD grant recently enabled Clarksville's Harriett Cohn MHC to open a playground to aid in working with children who are part of the Regional Intervention Program.



Plenary session speaker, Dr. Sheila Peters.



The luncheon plenary session featured (from left) NewsChannel 5's Lelan Statom, Moderator, Leonard Burton, and speaker Dr. A. J. Stovall.



Kelvin Jones III, special assistant for Legal Affairs, Office of the Mayor of Nashville, gave welcoming remarks.



The P.E.A.C.E. Team from Walton Ferry Elementary in Hendersonville—Made up of fourth and fifth graders trained in conflict resolution, mediation and management skills, the team assists with conflict prevention and resolution. Students have an opportunity to help their peers solve everyday problems. The team, under direction of Deanne Zulewski and Debbie Porter, demonstrated their abilities in role play with conference participants.



Greeting the group from Governor Don Sundquist's Office was Jennifer Hatten. Behind her is moderator Martha Robinson of the DMHDD.



Taking Care of Youth business was one of the workshops in the Faith Communities Tract. Noella Walden-Gaiter and Washington Johnson (center) talk with conference participants.



The Nashville Mental Health Association's mascot—I.C. Hope—is featured with Rebecca Wylie and Angela Turner. A life size version of I.C. Hope participated in Macy's Thanksgiving Day Parade with his "don't duck mental health" slogan.



Conference Coordinator Gwen Hamer (left) presents flowers to Tennessee Voices for Children's Courtney Sanders for her conference preparation work.

DMHDD Legislation Summary for 2000

SB 2032* (Springer)/HB 2082 (Kernell): Sunsets Board of Trustees of DMHDD on June 30, 2006. No final action; remains in government operations committees. By operation of law, chapter 947 of the public acts of 2000 (the Title 33 revision) resolves the issue of sunset. Under chapter 947, planning and policy council replaces board of trustees as of March 1, 2001.

SB 2035* (Springer)/HB 2083 (Kernell): Sunsets DMHDD on June 30, 2006. No final action; remains in government operations committees.

PUBLIC CHAPTER 942 [SB 2040* (Springer)/HB 2054 (Kernell)]: Breathes promise of continued life into agency rules filed during calendar year 1999. Effective June 23, 2000.

PUBLIC CHAPTER 646 [SB 2085 (Graves)/HB 2037* (Walley)]: Reduces from 30 days to 12 days the time that a psychologist who is licensed in another state may practice in Tennessee each year. To remain eligible to practice each year in Tennessee, the psychologist must pass the Examination for Professional Practice in Tennessee (EPPP). Effective April 10, 2000.

PUBLIC CHAPTER 620 [SB 2174* (Cooper)/HB 2631 (Walley)]: A hospital that satisfies J.C.A.H.O. requirements on timely completion of medical records satisfies rules of the board of health care facilities on the same subject. Effective April 5, 2000.

PUBLIC CHAPTER 740 [SB 2366 (Ramsey)/HB 2095* (Scroggs)]: Allows court to require defendant to pay costs for defendant's supervision, counseling, and treatment, while on probation, based on defendant's ability to pay. Effective May 17, 2000.

PUBLIC CHAPTER 859 [SB 2509* (Herron)/HB 2916 (Scroggs)]: Requires victim of crime to be notified of certain proceedings that affect perpetrator, including release from a mental institution under Title 33's judicial review of release laws (§§ 33-6-110 33-5-310). Effective July 1, 2000.

PUBLIC CHAPTER 815 [SB 2847* (Dixon)/HB 2523 Eckles]: Establishes 18-member commission, attached administratively to Department of Finance and Administration, to study and develop a strategic plan for supporting people with developmental disabilities in integrated

community-based settings, the extent to which current supports and services meet the needs of people who are likely to require assistance to live in the community, ways to build capacity in the system to promote self determination and provide cost-effective community-based services, funding sources available and funding levels needed to increase the availability of community-based services, and the operation of waiting lists and a system to move people off waiting lists and receive services at a reasonable pace. The commission must submit its strategic plan by November 1, 2000; the commission expires on June 30, 2001. The commission includes representatives of state government, four legislators, eight people with developmental disabilities or their family members, two mental retardation service providers, and an individual support coordinator. Effective May 24, 2000.

Editor's Note — For information on revisions to Title 33 of the Tennessee Code Annotated, see the September/October issue of Update. It is located at www.state.tn.us/mental along with a complete listing of the DMHDD laws.

PUBLIC CHAPTER 918 [SB 2932* (Womack)/HB 2578 (Briley)]: Requires any employer with five or greater employees that contracts with state or local government to submit an affidavit stating that the employer has a drug free workplace that complies with Title 50, chapter 9, Tennessee Code Annotated. Establishes sanctions for non-compliance. Effective January 1, 2001.

PUBLIC CHAPTER 809 [SB3027 (Rochelle)/HB 2841* Eckles]: (1) Requires the Division of Mental Retardation Services to assess fiscal impact on licensees of any change to any rule, policy, or guideline that would relate to staffing, physical plant, or operating procedures of the licensee for providing services under contract with the division. The division must file its assessment with the house and senate finance committees and the comptroller at least 30 days before the change would take effect. If exigent circumstances, such as a court order, require a quicker change, then the division must file an explanation of the exigency not later than five days after it implements the change and file the assessment of fiscal impact within 60 days of implementing the change. (2) Clarifies that commitment by a criminal court is limited to pre-trial defendants who are incompetent to stand trial and to insanity

acquittees who meet commitment standards. Effective on May 24, 2000; the first part of this law applies to contracts entered into or renewed on or after May 24, 2000.

PUBLIC CHAPTER 985 [SB 3112 (Clabough)/HB 3040 (Walley)]:

This law creates exceptions to the application of the Home Health Law, Title 68, chapter 11, part 2, Tennessee Code Annotated. The Home Health Law mandates that only home health agencies may provide nursing or physical, occupational, or speech therapy to people in their homes; that is, a person, no matter how rich or poor, may not contract with an independent nurse or physical, occupational or speech therapist for services in the person's home. Exceptions created by this law are as follows: (1) skilled nursing care, and physical, occupational, or speech therapy provided through the Division of Mental Retardation Services ("DMR") under standards of the division if (a) the services are provided by a licensed provider who cared for the person when the person was under DMR care OR (b) the services are provided by a person employed by DMR OR (c) the services are provided by a person under contract with DMR which is in effect when the bill becomes law OR (d) DMR determines that there are not adequate resources available through licensed home health agencies; (2) home and community-based services provided through the Department of Education or a local education agency or by a county health department; (3) services provided by community agencies to developmentally disabled individuals residing in the community when the services are provided under contract between the community agency and the state agency responsible for service to such individuals. The commissioner of finance and administration must report by March 1, 2001, to the general welfare committees of the general assembly on the appropriate regulatory structure for persons to provide skilled nursing care and therapy services to persons with mental retardation who live in their own homes. If the general assembly does not modify the expiration date in this legislation, then exceptions number (1) and (3), above, will expire on July 1, 2001. Effective dates: (1) July 1, 2000; (2) with respect to independent practitioners who contract with the DMR January 2, 2001 to allow the division to develop quality assurance standards and monitoring protocols.

Indicators Signal Children at Risk of MH Needs

There are several “indicators” signaling that many children in Tennessee may be at risk of having mental health needs, according to Elisabeth Rukeyser, DMHDD commissioner.

Rukeyser outlined these indicators at The Tennessee Voices for Children’s State of the Child 2000 Conference held at the Brentwood United Methodist Church in September.

She said that an awareness of these risk factors “can be used to facilitate appropriate placement of preventive and treatment services in communities-at-risk.”

The indicators include:

- Rates of serious emotional disturbance in the TennCare Partners Program.
- Special Education Certification of emotional disturbance.
- Referrals in Juvenile Court.
- Children in state custody.
- Inpatient psychiatric admissions for children and adolescents.
- School suspensions.
- School dropout rate.

According to Rukeyser, “these observable indicators of child mental health need were chosen because they describe the extent to which children experience identifiable problems as reported by a number of different systems.

“The state of the child is dependent upon the degree to which families and other child care systems are able to successfully meet the needs of children.”
.....Elisabeth Rukeyser

“While DMHDD prioritizes the needs of children with serious emotional disturbance, there is a remarkable correspondence between the incidence of SED and other children’s problems.

“These indicators suggest that a child’s family and community environment have a far-reaching impact on child well-being in all domains, including mental health, educational attainment and involvement with the legal system or state custody.

“The broad nature of the child, family and community problems strongly supports the need to better coordinate community systems to provide comprehensive preventive and treatment services,” Rukeyser continued.

The department is collaborating with the statewide and Regional Planning Councils to develop appropriate strategies for effective intervention and placement of services.

“We are working to better understand the data we observed in various communities. Our objective is to better understand the interaction of community risk factors, observed mental health need and system effectiveness as it relates to the well being of children and their families,” she concluded.



Pictured at the State of the Child 2000 conference are (from left) Elisabeth Rukeyser, DMHDD commissioner; Michael Faenza, president and CEO of the National Mental Health Association; Charlotte Bryson, executive director of Tennessee Voices for Children and Karen Edwards president of the Executive Committee of Tennessee Voices for Children.

The Nashville Connection (con’t from page 1)

families from all of Davidson County will be enrolled in the Nashville Connection.

Once enrolled in the project, the child and family may participate as long as they feel the need or until the child reaches age 18. By that time, it is a goal to have developed both transitional services and service planning for youth transferring from the children’s mental health areas to adult services.

Some key features of the project include:

- 1) A wraparound service delivery model that focuses on family and community strengths, child and family needs, formal and informal services.
- 2) Family service coordinators (FSC) who are themselves parents of children with SED who have been training to help other parents navigate the service system. They have the responsibility of working with the child’s care manager to coordinate activities and to ensure that the needs and wishes of the family are

adequately represented in the process.

- 3) A “one plan for one child and family” service plan concept that is supported by all participating formal and informal service providers.
- 4) A local council to guide and oversee project implementation.
- 5) A state council to address gaps in the service system enabling communities to develop local systems of care.

Sandra Daigneau-Heath, state project director for the *Nashville Connection*, stated that the state office is focusing on developing a social marketing plan to expand ideas associated with the system of care and wraparound delivery process.

Heath and Technical Assistance Liaison Lygia Williams are available to consult with community groups interested in developing their own local system of care. They may be reached at (615) 532-6767.

Missouri Survey Focuses on Direct Support Staff

Pay, respect, love of people and love of work were key themes expressed by participants in a recent survey of direct care professionals.

Our Turn to Speak, sponsored by the St. Charles County (Missouri) Direct Care Task Force, summarized the input of direct contact professionals. Its purpose was to support decision-making on the issue of recruitment and retention of direct contact staff.

Conducted in February by Welsch Consulting of St. Louis, the survey queried approximately 650 direct care professionals with 126, or about 26 percent, responding.

Most reported that they enjoyed their work; were clear about what was expected of them; knew their agency mission; and knew that their work contributed to their agency’s mission.

At the other end of the spectrum, fewer agreed that someone had “praised or recognized

them in the last week.” They also disagreed with the statement that they had discussed their performance with someone or that their opinions seemed to count.

The written survey also indicated that higher salaries would increase work enjoyment and money should equal the work.

Two focus groups were also conducted with direct contact staff from agencies in the St. Charles County area. Twelve persons attended.

The findings were similar with participants reporting that they liked “making a difference with people” and “the constant change and challenge” that comes with the job.

When asked what changes the participants would make if they were in charge, pay and appreciation were issues. Some suggested increasing the pay to \$9 an hour. Other said a word of thanks once in a while would help.

Participants Reap Rich Benefits at Alternatives 2000 Conference

By Bob VanderSpek, Title VI Coordinator
DMHDD Office of Consumer Affairs

Six hundred consumers/survivors/ex-patients of mental health services came to Nashville from every state and several European countries to participate in the *Alternatives 2000, A New Vision of Recovery Conference*.

Scheduled in Nashville, October 11-14, the conference proved a rich experience for anyone interested in understanding the varied perspectives of persons with mental illness.

The conference presented an opportunity to hear and discuss alternative views of recovery from mental illness. Persons attending represented a continuum of values from the consumers/survivors/ex-patient perspective.

The energy charged issues of coercive psychiatry, treatment, mental health courts, trauma induced by psychiatric treatment, and the rights of persons with mental illness were discussed in sessions, in hallways and during meals.

The core values of the conference were choice, personal responsibility, and self-determination for consumers/survivors/ex-patients of mental health services. The values were expressed in very positive workshops encouraging and educating persons toward recovery.

There were workshops on how to tell your story, utilizing holistic approaches, developing frameworks for recovery, developing and utilizing peer supports and spirituality.

In addition, there were workshops on helping persons to become involved in changing the system as a way of making a difference and how to respond to the social pressures of forced treatment and stigma.

Pat Deegan gave an especially powerful presentation called "The Politics of Memory: A Slideshow on Ex-patient Perspectives on the History of U.S. Mental Health Services."

It chronicled the history of mental health treatment, first from the traditional or psychiatric view, and then contrasts that with how it feels and looks through the eyes of the consumers/survivors/ex-patients.



The Arts Performance Luncheon featured a Tennessee group which included (from left) Gayle Bluebird, Norma Brinkley, Missy Gilreath, Irene Russell and Trey Forbes.



The Friday Keynote Session featured People of Color Panel "Embracing Diversity, Strategies for Change" featuring Gilberto Romero, Kinike Bermudez-Walker and Jacki McKinney.

Tennessee was well represented. Irene Russell, Norma Brinkley, Missy Gilreath and Trey Forbes provided a portion of the Friday luncheon entertainment. Their heartfelt songs of recovery had the audience on their feet with a standing ovation.

Sheryl McCormick, Irene Russell, Gayle Anderson, Carol Cox and Joyce Judge presented a workshop called "Together We Can Make a Difference: Using Mental Health Councils to Build Collaboration." This workshop demonstrated the Tennessee way of collaborative planning around mental issues.

Joe Swinford's workshop, "Medication and Beyond" spoke to the importance of diet,

exercise and spirituality as a complement to medication in one's recovery. Tennessee Mental Health Consumer's Association and Park Center provided volunteer staff to the conference.

If you're curious as to why they refer to themselves as consumers/survivors/ex-patients of mental health services, I suggest that you attend the next Alternatives Conference in Philadelphia in August.

For answers to questions or comments you would like to make about the Alternatives Conference, call the DMHDD Office of Consumer Affairs - (800) 560-5766 or in Nashville, (615) 532-6700.



Department of Mental Health and
Developmental Disabilities
Office of Public Information & Education
11th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243